



Fitwalk, Learn to Run and 5k (no experience required) **10k Clinic**-(20' run/walk base required)
Half Marathon Clinic-(10km fitness base required)

Please Circle your group - Fit Walk Learn to Run 5km 10km Half Marathon

*First Name: _____ Last Name: _____

*Address: _____

*City: _____*Province: _____*Postal code: _____

*Cell Phone number: (____) _____

*Email address: _____

"You must be 19 years of age to participate. Youth ages 16 and 18 can only participate with a parent or guardian in attendance"

*Date of Birth: Day _____ Month _____ Year _____ *Gender: Male Female

Please provide us with as much information about yourself as possible to help us place you in the correct group!

Is this your first walk run clinic: yes or no

If no what year(s) and group were you in?

1. Please choose one of the following:

- ☐ I am a beginner runner. No running experience.
- ☐ I can run 2-4 minutes with 2 minute walk breaks for 20-30 minutes
- ☐ I can run 6-9 minutes with 1-2 minute walk breaks for 30-45 minutes
- ☐ I can run 30-60 minutes comfortably without walk breaks
- ☐ Other:

2. What is your current activity level?

- ☐ Sedentary - new to exercise
- ☐ Starting to get active - 1 to 3 times per week
- ☐ Moderately active - three or more times per week
- ☐ Active - 5 times per week

3. Please give a brief description of your current weekly exercise. What type, how often, etc. If you are new to exercise let us know that too!

4. Starting any physical fitness program has potential risks. If you are new to exercise or have medical concerns please do not participate without your physician's approval. Do you have any serious medical conditions we should be made aware of?

- ☐ No
- ☐ Yes, and I have my physician's approval. (our coach may contact you directly for more information)
- ☐ Details on your medical condition.

WAIVER

RELEASE AND INDEMNITY

PLEASE READ CAREFULLY

In consideration of your accepting my participation in Ceevacs Roadrunners Running Clinics and any other related events, I hereby, for myself, my heirs, executors, administrators and assigns, waive, release and hold harmless Ceevacs Roadrunners Running Clinics and the Ceevacs Roadrunners Club, together with and as agent for their directors, officers, employees, representatives, agents, volunteers, group leaders and members ("the Releasees") from any and all liability for death and/or injury to person and/or property that may have been contributed to or occasioned by the negligence of the aforesaid Releasees or any of them. I acknowledge that I have read and understand and agree to abide by the above rules and waiver agreement.

In witness whereof, I have hereunder set my hand this: _____ Day of _____, 201_____

Printed Name _____

Witness Name _____

Signature _____

Witness signature _____

Signature of Parent/Guardian if Under 19 years of age _____

Fitwalk/Learn to run/5 and 10k Regular fee till Jan 28 \$120 Day of Registration \$140,
Half Marathon \$130 Day of \$150

Entry Includes gender specific Technical Run Shirt, please choose: X-Sm Sm Med Lg X-Large XX-Lg

-Credit card payments can be done in person at the Cowichan Sportsplex office. Call 250-746-5666 for hours of operation

-Mail or drop off: Cowichan Sportsplex Attn: Ceevacs Run Walk Clinic 5847 Chesterfield Ave, Duncan BC V9L 3M2 Make cheque payable to Ceevacs Roadrunners Club

Cancellation Policy: We are able to transfer your registration to another person with advance notification at no charge. We are unable to give refunds upon your registration into this event. All monies raised are donated back to the Sportsplex